

necessary measure. What applies to nurses and doctors, applies also to patients; they are also but human, and frequently less amiable and tolerant than even nurses or physicians. Sometimes a nurse, after having had experience with a family, would not again attend a patient in that house; and conversely, some families or patients may not have appreciated the qualities or characteristics of a nurse who has previously been with them and might object to having the same person thrust upon them again. Therefore it seems equally wise that the head of the Directory should know the family into which the nurse is to go and thus, many times, avoid causing an unpleasant mixup between patient and nurse. Quite probably there are nurses' headquarters in places other than San Francisco where the same thing applies and where the same information may be required by the person in charge. On the whole, it seems most distinctly right and proper, and as conserving the best interests of all concerned, that he who would have a nurse should give his name, the name of the patient and the ailment from which the patient is suffering. Let us help the nurses thus much, and incidentally help ourselves and our patients.

The discussion by the San Francisco County Medical Society, at a recent meeting, of the plague situation in that city, points out most markedly the general lack of interest in or attention to the simplest sanitary measures, not alone on the part of the general public, but also by our profession. At the last meeting of the Washington State Medical Association, too, this same thing was very forcefully commented on by Drs. T. J. Sullivan, of Butte, Montana, and Philip Mills Jones, of San Francisco. Dr. Sullivan dwelt particularly upon the milk and food supply, but also touched upon sanitation in general and professional apathy in regard thereto. In San Francisco, it is encouraging to note that the new Board of Health, a most efficient and active body, has taken vigorous measures to enforce the many excellent regulations in regard to screening food, destroying refuse, etc., and doubtless much good will result from its efforts in these directions, as well as from its campaign against rats. But such active work at particular times should not be necessary. If we, as physicians, and particularly as organized bodies of physicians (county medical societies) did our full duty and properly educated first our own selves and then the public on the needs of the community in the matter of proper sanitation, our cities and towns would be clean all the time and spasmodic cleaning-up spells would be unknown. If we are not greatly mistaken, there is not, in the whole length and breadth of this land, a single school where sanitation is taught and where competent sanitarians are trained. Contrast that condition with England, for instance, where there are a number of schools where the instruction is of the best and where degrees in sanitary science are conferred. True, we have now a Pure Food

Commission of the State Society, and we understand that it is doing splendid work; but that is only a part of the work that should be done everywhere. Each and every county medical society should be the real sanitary commission for that county, if not indeed the actual County Board of Health; and it should command the respect and support of the citizens of the county. This is not a dream; it is no purely theoretical construction of the imagination; it is a practical possibility and it is our duty to strive persistently until it has been brought about. Who can guide the community in public health and sanitary matters, except the physician? But, it is objected, the people oppose our efforts to help them; they fight our work for their own protection. That is, indeed, too true, in many quarters. But why? Simply because they do not know any better; we have not educated them to the realization of what our work for them means; of what a clean town means; of what an uninfected water supply means, not alone in saving life, but in saving dollars.

A very pertinent illustration of the purely commercial and material side of this question has very recently been furnished by a community in one of the northern counties where a number of cases of typhoid broke out.

**DIRECT ILLUSTRATION.** The community became panicky and sent to the city for an expert to come and see where the trouble was. It took him only a very short time to find that the cases all originated in families supplied by one dairy, and that the dairyman was getting his water from a source infected by a privy used by a camping party, in which party had been a young man recovering from a long illness. Had there been any general sanitary control in this community its citizens would have saved a great deal of money, for the fee paid the expert alone amounted to a sum expressed in four figures. The plague in San Francisco is another illustration. The city and the national governments are spending many thousands of dollars each month in an effort to counteract the negligence of past years. A modest sum intelligently expended by an *honest and non-political Board of Health* continuously would keep the city clean and render it almost immune to infection. Fortunately for the whole State, and indeed for the country, the Marine Hospital Service and an honest and intelligent Board of Health are now working together and have a firm grasp of the situation; there is no danger of a plague epidemic, though there will undoubtedly be cases reported for a number of months to come. That is all right so far as San Francisco is concerned, but what of other sections in the State? What of the counties about the bay? Is there one of them that has taken the pains to find out whether the ground squirrels have been plague infected? Not one, and yet there is every reason to believe that these animals, in at least two of the bay counties, have been infected with plague for some few years, and that cases of plague in human beings have occurred in which the infection was traceable